

## Book reviews

**Children: a handbook for children's doctors.** Edited by P Gray and F Cockburn. Pp 374: £30.00 hardback. Pitman, 1984.

This is an outstanding book. It covers numerous difficult topics usually left out of conventional disease-orientated paediatric textbooks and thus fills an important gap, particularly for clinical medical officers, general practitioners, and paediatricians in training.

It is indeed a handbook, centred on 'the assessment of hearing, seeing, thinking and growing' and packed with practical information. It begins with a good chapter on normal growth and a discussion of the factors that may influence growth with, for example, straightforward information about how to evaluate an underweight child or an obese one. This is followed by equally useful chapters on practical medical genetics, nutrition and metabolism, and interviewing children and parents.

Three chapters cover normal neurological development, mental handicap, and neurological disorders (divided into eight sections). Especially good are the sections on 'The child who does not walk' and 'The child who fails at school'. There are two chapters on visual and hearing development and assessment, followed by a three section chapter on language and speech containing another excellent contribution by Ruth Day on 'The child who does not talk'. There are chapters on social development, emotional development, behaviour disorders, educational medicine (in three parts), immunisation, epidemiology, the environment (school and physical), and a five part chapter on social paediatrics (with particularly good sections on the law, adoption and child abuse, and on disabled school leavers). There are two chapters on common infections, two on death and cot death, and a final one on malformations and orthopaedic conditions which includes tables of teratogens and their effect; and a table about drugs and breast feeding.

The remaining 100 pages contain particularly useful appendices including a huge list of voluntary organisations for children with disabilities; helpful tables of biochemical and haematological normal ranges; growth, head circumference, and puberty staging charts; an innovative table of variations in growth patterns; a timetable of normal milestones and motor develop-

ments; details of the Goodenough-Harris drawing test, the Cardiff modifications of the Denver developmental screening test and the Woodside assessment test; information about neonatal reflexes and their possible significance if abnormal, accompanied by details of the Dubowitz score for clinical assessment of gestational age in newborns; a list of anticonvulsants, their dosage, their therapeutic range, and their side effects.

T J DAVID

**Low Birth Weight. A Medical, Psychological, and Social Study.** Edited by R Illsley and R Mitchell. Pp 272: £28.00 hardback. John Wiley and Sons, 1984.

This book reports the outcome at age 10 years of a one year cohort of legitimate Caucasian singletons weighing 2500 g or less at their birth in Aberdeen Maternity Hospital during 1969–70. The study group contained 149 low birthweight survivors and an equal number of legitimate Caucasian singleton controls. These were next born infants weighing over 2500 g who could be matched for five characteristics—sex, maternal height, parity, smoking, and paternal social class. The present state of knowledge with regard to low birthweight is briefly reviewed, the sociological, medical, and psychological aspects of the study described, and the ways in which the children were traced and interviewed are recorded. As expected, when compared with the control children at age 10 years, the low birthweight group were shorter and lighter, had abnormal neurological findings more commonly, and had needed hospital admission for illness more frequently. They also had a greater incidence of mental and educational subnormality, and showed impairment in intelligence, perceptuo-motor skills, academic performance, and behaviour ratings. The differences, though significant, were never large and were most noticeable at the lowest birthweights or in the presence of intrauterine growth retardation.

Aberdeen, whose ordered calm has undergone change by oil in the decade since these births, has long been a pioneer centre in its concern for the well being of the mother and her newborn infant; and it is wholly appropriate that Sir Dugald Baird

should contribute the foreword to this book. In so far as 98% of births in the city take place in hospital, and 98% of the combined index and control groups were traced at age 10 years, this can reasonably be regarded as a geographically defined population study, as the editors claim. The talented team recruited by Professors Illsley and Mitchell have taken great pains to judge the relative importance to outcome of the maternal antecedents of low birthweight, neonatal illness, postnatal environment, and external influences during childhood. The imperfection of father's social class as a matching factor for controls is acknowledged, for the parental control group were found to be superior in vocabulary, fluency of expression, organisation of thought, recreational activities, and in the ways they hoped to influence their children's development. Final assessment of the wealth of carefully collected data, much of it subjected to regression analyses, led the editors to conclude that 'while better antenatal and postnatal care remain desirable, improvements in physical and intellectual outcome for low birthweight children are substantially dependent upon improvements in the quality of the social environments into which the children are born and in which they grow and develop'. The suggestion that strained financial resources would be more profitably spent on research into still unanswered questions in this sphere rather than on 'the over lavish provision and equipment of hospital units' will doubtless be hotly debated by those involved in perinatal care. It is to be hoped though that they will read this excellent book, for it will surely stand as a model of its kind.

PAMELA A DAVIES

**The Child with a Handicap.** By D M B Hall. Pp 537: £35.00 hardback. Blackwell, 1984.

This excellent book has a scope far wider than its title suggests. The first part covers the general nature of development, intelligence, and the detection of and reactions to handicap. The second part describes specific neurological and developmental disorders, including epilepsy and child abuse, but excluding other chronic diseases such as asthma or haemophilia.

Educational research identifies the 'Hawthorne effect': that powerful (and valuable) placebo result of giving a child individual, sympathetic attention. Dr Hall achieves a Hawthorne effect for developmental medicine, that somewhat undervalued child. He provides a theoretical background, and tells us what is to be done and how to do it, from hearing tests to behaviour modification. Community paediatricians need as much expertise and detailed knowledge as, say, cardiologists. This book could be their reference manual with its 480 references, and many tables, diagrams, check lists, and sources of information for parents—for example, pertussis vaccination for the handicapped and a sample assessment report letter. Other therapists will also use it, and parents too, as he intends.

Dr Hall shares some grand discoveries: the Koluchova twins, paired reading, Asperger's syndrome, preferred head turning, the Optacon, phone call outpatients, why some schools succeed, Fry's do it yourself terminology generator. . . . He demolishes shibboleths (crossed laterality) and illuminates contemporary dilemmas (hyperactivity, developmental screening). Here is a practising paediatrician who knows, for example, the danger for the child with a 'fascinating rare disease' of attending a major referral centre miles away.

His illustrator deserves attribution on the title page, with equal precedence to Dr Hugh Jolly (who contributes a brief forward). Her line drawings match Dr Hall's prose for lucidity, concision, and wit: the rather potato faced babies, the little girl in the Fame tee shirt whose dolly has had a wax impression of her auditory meatus, too.

The price might be a stumbling block. Accurately produced books, on quality paper, wide margined, well spaced, and copiously illustrated, are expensive. They are essential equipment for paediatricians, as necessary as the surgeon's theatre light, and therefore as unhesitatingly demanded. Order this book now to accelerate the production of a paperback version.

JAMES PARTRIDGE

**Perinatal Pathology.** By J S Wigglesworth. Pp 447: £42.50 hardback. W B Saunders, 1984.

Recent years have seen an increased awareness by pathologists and clinicians of the importance of perinatal pathology, both to assess the efficacy of their increasingly complex management of pregnancy, labour, and neonatal care and to satisfy the growing curiosity and concern of bereaved parents. Many such parents require genetic counselling, an exercise greatly diminished in value in the absence of an adequate necropsy.

It is, therefore, a pleasure to see the emergence of a new generation of textbooks on perinatal pathology, complementing the small number of established older works. '*Perinatal Pathology*', in essence, is a monograph which concentrates on the wood rather than the trees and gives an introduction and overall view of the principles of paediatric pathology as an aid to the non-specialised pathologist, with references to sources of more detailed information.

The first half of the book includes useful chapters on the causes and classification of perinatal death, the performance of the perinatal necropsy, placental examination, the examination of the macerated stillborn fetus, the causes of intrapartum and early neonatal death and the classification of malformation syndromes. The second half gives an account of perinatal pathology by systems. Although perhaps not strictly pertinent to the book's title, the last chapter discusses 'unexpected death in infancy' and includes a short comment on the theories of causation.

The text is clearly and logically expressed, with a continuity of style and emphasis which is the advantage of a (virtually) single author publication, (only the short technical appendix is by a separate contributor). Illustrations are by numerous black and white photographs and diagrams.

This book can be recommended warmly to all pathologists who take an intelligent interest in perinatal necropsies, and will also be of value to obstetricians and neonatologists.

GILLIAN BATCUP

**Perinatal Medicine.** Edited by J Gentz, B Persson, B Westin, R Zetterstrom. Pp 558: £42.50 hardback. Praeger, 1984.

What is perinatal medicine, does it deserve a textbook, and if it does is this one suitable? The answers are; I'm not sure, possibly, and certainly not. Although the concept of perinatology is sound in principle, its practice seems unworkable. I do not know of any physicians (or obstetricians) in this country who undertake comprehensive care of the fetus and newborn. A team approach is successful but the obstetricians pass one of their patients to the neonatologists shortly after successful parturition. A mutual understanding of our 'division of labour' is necessary but the neonatologists do not collect fetal blood samples, nor do the fetologists perform radial artery stabs.

How then can a book on perinatal medicine be of value? It must be comprehensive in areas of both fetal and newborn development, physiology, and pathology, and should be as up to date as possible in a rapidly developing field. This book is disappointing all round. It was originally written in Swedish and is translated from that language. In Sweden healthy women make at least 15 antenatal visits during the course of an uncomplicated pregnancy and routine admission at 36 weeks' gestation of all women with multiple pregnancy is recommended. Hospital admission on two occasions in the first and second trimester and for up to eight weeks in the third trimester is suggested for all diabetic mothers. This would not be tolerated in the United Kingdom by patients or staff, not to mention our new National Health Service managers!

This book bears a close resemblance to the *Medical Register* and is set out in as exciting a way. It is full of local customs that seem foreign to British obstetric practice (I must, however, admit that Sweden's perinatal mortality figures make us find excuses for our own). It is also considerably out of date; one example is the failure to mention acyclovir in an otherwise good chapter on viral infections. The most disappointing section is that on neonatal care. I could find little mention of the management of delayed closure of the ductus arteriosus, only one sentence on intraventricular haemorrhage, and nothing at all on necrotising enterocolitis. If there are indeed any perinatologists out there, I can find few reasons to recommend them to buy this book.

MALCOLM LEVENE